

# **HENRY COUNTY**

## AMERICAN RESCUE PLAN COMMUNITY PROGRAM APPLICATION

## **BUSINESS INFORMATION**

| Name of Business:  |  |                     |  |  |
|--|--|---------------------|--|--|
| Dba Name (if applicable):  |  |                     |  |  |
| Mailing Address:   |  |                     |  |  |
| City:  | State:   | ZIP Code:           |  |  |
| Contact Person:  | Title:   |                     |  |  |
| Phone:   | Email:   |                     |  |  |
| DUNS (You can obtain a DUNS number for free at: <a href="https://fedgov.dnb.com/webform/">https://fedgov.dnb.com/webform/</a> ):   | EIN:   |                     |  |  |
| Address of Operations (if different):  |  |                     |  |  |
| City:  | State:   | ZIP Code:           |  |  |
|  |  |                     |  |  |
| Years in Operation:  | Current Number of Full-Time Equivalent (FTE) Employees at Time of Application: |                     |  |  |
| Is the request COVID related? Yes No   |  |                     |  |  |
| Is the organization located in Henry County?  Yes No   |  |                     |  |  |
| Has the <u>organization</u> ever been subjected to criminal or civil fines and penalties including from Henry County code or regulatory violations?  Yes  No  If yes, please explain:  |  |                     |  |  |
| Is your organization currently operational?  Has your organization received any other COVID fully fully for the second se |  | No n the back page. |  |  |

| PROJECT DESCRIPTION  |  |           |  |  |  |  |
|--|--|-----------|--|--|--|--|
| Please describe your project and how it impacts Henry County in 500 words or less. |  |           |  |  |  |  |
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| O)A/A IEI  |  |           |  |  |  |  |
|  | OWNER INFORMATION  OWNER NAME, if applicable (use additional pages for multiple owners): |           |  |  |  |  |
| CVITTER IV. II., II applicable (duse additional pages                              | ior maidple owners)  | •         |  |  |  |  |
| Indicate percent of ownership (if multiple owners):                                |  |           |  |  |  |  |
| Mailing Address:   |  |           |  |  |  |  |
| City:  | State:   | ZIP Code: |  |  |  |  |
| Phone:   | Email:   |           |  |  |  |  |
| 18 or Older: Yes No  |  |           |  |  |  |  |
| 0.00   |  |           |  |  |  |  |

| PROJECT BUDGET    |   |  |  |  |
|-------------------|---|--|--|--|
| AMOUNT OF REQUEST | USE   |  |  |  |
| \$                |   |  |  |  |
| \$                |   |  |  |  |
| \$                |   |  |  |  |
| \$                |   |  |  |  |
| \$                |   |  |  |  |
| \$                | Total Funding Request   |  |  |  |
|                   | emic relief related to qualify. All projects must pass the American Rescue bility set forth by the US Treasury)                                   |  |  |  |
|                   | IMPACT/NEED   |  |  |  |
|                   | r organization has been impacted due to the current coronavirus pandemic and the citizens of Henry County. (Please explain in 500 words or less.) |  |  |  |

#### SIGNATURE AND ASSURANCES

**APPLICANT STATEMENT**: I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by Henry County. If requested, I will provide the information required to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation if requested.

| DIRECTOR SIGNATURE:       | Date: |  |
|---------------------------|-------|--|
| Name (please print):      |       |  |
| Title (please print):     |       |  |
|                           |       |  |
| REPRESENTATIVE SIGNATURE: |       |  |
| Title (please print):     |       |  |

NOTE: ADHOC committee members may follow-up with applicants for additional information and documents after application submission if necessary. Signature signifies acceptance for your organization and name to appear in Henry County Press Releases. Please feel free to attach any additional materials you feel support your project.

#### **Helpful Links**

#### **Henry County**

http://henrycty.com

Stay up to date on Henry County current events.

#### Federal EIN

https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online

An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number, and is used to identify a business entity. Generally, businesses need an EIN. You may apply for an EIN in various ways, and now you may apply online. This is a free service offered by the Internal Revenue Service and you can get your EIN immediately.

### Dun & Bradstreet (DUNS Number)

https://www.dnb.com/duns-number/get-a-duns.html

It is now a requirement that every business that participants in the COVID-19 Small Business Relief (Loan) Program must have a DUNS Number. The "data universal numbering system" known as DUNS, is a unique 9-digit number system that is used by businesses and the federal government to keep track of more than 70 million businesses world-wide. It is issued by Dun and Bradstreet (D&B), a company that provides business information for credit, marketing, and purchasing decisions. The federal government, and now Henry County, requires organizations to provide a DUNS number as part of their grant applications, proposals and award monitoring. It is a way for the federal government's Office of Management & Budget to keep track of how federal grant money is awarded and dispersed.

There is no fee for registering for a DUNS number. It only takes a day to get a DUNS number from D&B. There are two ways to obtain the number:

- Via phone The process will take about ten minutes. Contact the D&B Government Customer Response Center: I-866-705-5711. Tell the operator that you are under a federal grant program and need to register for a DUNS number.
- Via Internet at the link above.